

Fire Suppression System Permit

City of Menomonie

Date: _____

Contractor: _____

Wisconsin Fire Sprinkler Contractor License #: _____

Address: _____

Telephone: _____

E-mail Address: _____

Estimated Cost of Project: \$ _____

Property Owner: _____

Property Address: _____

Type of Work: _____

Fees:

Special Hazards Fire Suppression System: \$100.00

New Sprinkler System: \$100.00

Addition and/or Alteration to Fire Sprinkler System: \$ 50.00

MAIL CHECK AND APPLICATION TO: CITY INSPECTION DEPARTMENT
800 WILSON AVENUE
MENOMONIE WI 54751-2795

www.menomonie-wi.gov

Telephone: 715-232-2241 Fax Number: 715-235-0888

Rev: 09/30/2014